PTO/SB/21 (07-06)
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TRANSMITT	<b>AL</b>
FORM	

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/316,199-Conf. #7506
Filing Date	May 21, 1999
First Named Inventor	Heather L. Davis
Art Unit	1633
Examiner Name	Q. Nguyen
Attorney Docket Number	C1040.70006US00

	EN	CLOSURES (Check all	that apply	y)
X Fee Transn	nittal Form	Drawing(s)		After Allowance Communication to TC
X Fee A	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
X Amendmen	t/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After	Final	Petition to Convert to a Provisional Application		Proprietary Information
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence		Status Letter
x Extension of	of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):
Express Ab	pandonment Request	Request for Refund		Return Receipt Postcard
Information	Disclosure Statement	CD, Number of CD(s)		
Certified Co	opy of Priority s)	Landscape Table on	CD	
	issing Parts/ Application	Remarks		
	y to Missing Parts under FR 1.52 or 1.53			
	SIGNATI	 JRE OF APPLICANT, ATTOR	NEV OR	AGENT
Firm Name			THE I, OK	AGENT
	WOUF, GREENFIEL	LD & SACKS, P.C.		
Signature	Mure	rellant		
Printed name	Helen C. Lockhart			
Date	January 12, 2007		Reg. No.	39,248

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l	Certificate of Mailing Under 37 CFR 1.8(a)
ı	I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on
ı	the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,
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ı	Dated: (Michelle M. Quinn)
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(Michelle M. Quinn)

PTO/SB/17 (07-06)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of Information unless it displays a valid OMB control number.

Utility       300       150       500       250       200       100         Design       200       100       100       50       130       65         Plant       200       100       300       150       160       80         Reissue       300       150       500       250       600       300         Provisional       200       100       0       0       0       0	E-68 X	Effective on 12/08/20	004.			plete if Know	
FIRST Named Inventor   Heather L. Davis	<b>.</b>						
Applicant claims small entity status. See 37 CFR 1.27  And LAMOUNT OF PAYMENT  (\$) 1,020.00  Attorney Docket No.  C1040.70006US00  METHOD OF PAYMENT (check all that apply)   X Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Application Type  Fee (\$)	FEE	IKANSI	/IIIIAL	<del></del>		•	
Applicant claims small entity status. See 37 CFR 1.27  Art Unit 1633  TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 Attorney Docket No. C1040.70006US00  METHOD OF PAYMENT (check all that apply)  X Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Ree(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES Small Entity Fee (\$) Small Entity Fee (\$)		For FY 20	05		<u> </u>		IVIS
METHOD OF PAYMENT (s) 1,020.00 Attomey Docket No. C1040.70006US00  METHOD OF PAYMENT (check all that apply)  x Check		<del>- ,                                   </del>					
METHOD OF PAYMENT (check all that apply)    X   Check	<del></del>						
Check				Attorney Do	cket No.	21040.70006	US00
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the fix  Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$)	METHOD OF PA	YMENT (check a	II that apply)				
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X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   FEE CALCULATION	For the above	ve-identified depos	sit account, the Direct	or is hereby auth	orized to: (checl	k all that apply)	)
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### Test Calculation    1. Basic Filing, Search, and Examination FEES   Filing FEES   Small Entity   Fee (\$)   Fee (	X Charge	e any additional fe	e(s) or underpaymen	t of x C	redit any overpa	yments	
FILING FEES   Small Entity   Fee (\$)   Fee (			TO and 1.17		<del></del> :		
Application Type	1. BASIC FILING, S	EARCH, AND EX	AMINATION FEES				····
Paper		FIL					5
Design         200         100         100         50         130         65           Plant         200         100         300         150         160         80           Reissue         300         150         500         250         600         300           Provisional         200         100         0         0         0         0           2. EXCESS CLAIM FEES         Smart           Fee Description         Fee (\$)         Multiple dependent claims         360           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.           Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)	<b>Application Type</b>	Fee (\$)					Fees Paid
Plant         200         100         300         150         160         80           Reissue         300         150         500         250         600         300           Provisional         200         100         0         0         0         0           2. EXCESS CLAIM FEES         Sm           Fee Description         Fee (\$)         Multiple Dependent Claims           Multiple Dependent Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.         Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)	Utility	300	150 5	00 250	200	100	
Reissue       300       150       500       250       600       300         Provisional       200       100       0       0       0         2. EXCESS CLAIM FEES       Smart         Fee Description       Fee (\$)       Multiple Dependent Claims         Total Claims       Extra Claims       Fee (\$)       Fee Paid (\$)         HP = highest number of total claims paid for, if greater than 20.         Indep. Claims       Extra Claims       Fee (\$)       Fee Paid (\$)         Indep. Claims       Extra Claims       Fee (\$)       Fee Paid (\$)	Design	200	100 1	00 50	130	65	
Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)	Plant	200	100 3	00 150	160	80	
2. EXCESS CLAIM FEES  Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	Reissue	300	150 5	00 250	600	300	
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)	Provisional	200	100	0 0	0	0	
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Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)		(including Paice	ac)				
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)		•	•				
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· · · · · · · · · · · · · · · · · · ·	Indep. Claims	Extra Claims	Fee (\$) F	ee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.	-=						
3. APPLICATION SIZE FEE	•		paid for, if greater than 3.				
	listings under 3	i and drawings exc (7 CFR 1 52(e)) t	ceed 100 sneets of pa	per (excluding e e due is \$250 (\$	nectronically file	ea sequence or uity) for each s	r computer
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						inty) for each t	iddinonai 50
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	Total Sheets	Extra Sheets	Number of ea	ch additional 50 c	r fraction thereof	Fee (\$)	Fee Paid
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listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (round up to a whole number) x = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)	Non-English Spe	filing surcharge):	1200 Extension to		· · · · · · · · · · · · · · · · · · ·		
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (round up to a whole number) x = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)	Non-English Spe Other (e.g., late	filing surcharge):	1255 Extension to				
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	Non-English Spe Other (e.g., late	filing surcharge):	ellast	Registration N		Telephone	(617) 646-80
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	Non-English Spe Other (e.g., late SUBMITTED BY Signature	Jeuke	ellat	Registration N		- <del> </del>	(617) 646-80 January 12, 2

Dated: